

Report Name: Augmentative Communication Assessment Referral Checklist

Report Code: DD-301 (11-02)

Description: Checklist for preparing an Augmentative Communication referral packet and identifies preference of evaluation provider.

Purpose: To aid Support Coordinator in preparing a referral packet. The form also documents any private health insurance and an individual's and/or family's choice of providers to do an augmentative communication evaluation.

Distribution: Support Coordinators

Frequency: At ISP

Modifications:

Date	Report Fixed	Modification	Reason for Modification

TYPECODE		Department of Economic Security			Page: #
TYPE CODE		Division of Developmental Disabilities			
As of [REPORT DATE]		<report title>			Print: [Today]
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